

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155208		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/30/2022	
NAME OF PROVIDER OR SUPPLIER HANOVER NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 410 W LAGRANGE RD HANOVER, IN 47243			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00394747, IN00394773 and IN00391313.</p> <p>Complaint IN00394747 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00394773 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921 and F838.</p> <p>Complaint IN00391313 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684 and F692.</p> <p>Survey dates: November 28, 29, and 30, 2022</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 70 Residential: 9 Total: 79</p> <p>Census Payor Type: Medicare: 1 Medicaid: 68 Other: 1 Total: 70</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 9, 2022.</p>			F 0000	By submitting the enclosed material, we are not admitting the truth or accuracy of any specific finding or allegations. We reserve the right to contest the finding or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective for the survey conducted the week of 11/28/2022.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sarah McKenzie/Claire Matheny

AIT/HFA

01/11/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0684 SS=G Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review, the facility failed to identify, monitor, and provide needed care and services to prevent dehydration, weight loss, and physician notification resulting in hospitalization for 1 of 9 residents reviewed for Quality of Care. (Resident B).</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/28/22 at 3:18 p.m. The resident's diagnoses included, but were not limited to, dementia with behavior, edema, and hypertension.</p> <p>A Physician's Order, dated 10/18/21, indicated the resident was prescribed Lasix 40 mg (milligrams) twice daily.</p> <p>The Admission MDS (Minimum Data Set) assessment, dated 10/25/21, indicated the resident was severely cognitively impaired. She required one staff member's supervision for mobility and transfer, and a one staff member's extensive assistance for ADLs (Activities of Daily Living). She was occasionally incontinent of bladder and always continent of bowel.</p> <p>The Discharge MDS assessment, dated 1/20/22,</p>			F 0684	<p>The facility identifies, monitors and provides needed care and service to prevent dehydration, weight loss and physician notification.</p> <p>As mentioned in the allegation, Resident B passed away at the hospital after a battle with pneumonia. possible renal failure, among others Prior to her admission. All residents with underlying conditions have the potential to be affected by this finding.</p> <p>An audit of the current population has been conducted, identifying any and all residents that could be affected by this finding. Any concerns were addressed. No negative outcome has occurred due to the alleged deficit practice</p> <p>An in-service was conducted to alert staff of the additional efforts in providing and monitoring wt. loss, hydration, and physician notification.</p> <p>The hydration cart is sent out</p>		01/20/2023

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	<p>indicated the resident required extensive assistance of one staff member for mobility, transfer, and ADLs. She was always incontinent of bladder and bowel.</p> <p>A Physician's Order, dated 12/15/22, indicated the resident was prescribed Remeron 7.5 mg at bedtime for weight loss/appetite stimulation.</p> <p>A Physician's Order, dated 12/21/22, indicated Resident B was to have 800 ml (milliliter) to 1000 ml of fluids every day and evening shift for hydration monitoring. Staff were to observe the resident for signs or symptoms of decreased fluid intake, and to notify the physician and Registered Dietitian (RD) if decreased fluid intake was observed. The resident was to have a total of 1600 ml to 2000 ml per day.</p> <p>On 11/29/22 12:12 p.m. MDS Nurse provided the December Fluids Report for Resident B. The report indicated the resident received a total of fluid intake on the following days:</p> <p>On 12/23/21, the resident received 600 ml of fluids. On 12/26/21, the resident received 480 ml of fluids. On 12/27/21, the resident received 1080 ml of fluids. On 12/28/21, the resident received 480 ml of fluids. On 12/29/21, the resident received 740 ml of fluids. On 12/30/21, the resident received 960 ml of fluids. On 12/31/21, the resident received 900 ml of fluids.</p> <p>The MARs (Medication Administration Records), dated December 2021, indicated the resident received Lasix 40 mg twice a day every day from 12/1/21 through 12/31/21.</p> <p>The January Fluids Report for Resident B indicated the resident received a total of fluid</p>				<p>three times a day in addition to meal service. CNAs are required to document intake of fluids three times a day at meals. In addition, documentation of fluids offered and accepted during the hydration cart pass.</p> <p>Residents at risk for weight loss are reviewed weekly at the facilities Nutrition at risk meeting. Physician notification, Dehydration risk and weight loss will become part of the CQI agenda as part of the QAPI process</p> <p>This audit will be completed 5 days per week x 4 weeks: Weekly x 4 and monthly thereafter.</p> <p>Any concerns will be addressed as discovered. If any patterns are identified at the monthly QAPI meeting, an action plan will be written by the QAPI committee. Any written action plan will be monitored by the Administrator or her designee monthly until resolved and substantial compliance is achieved at 95% or greater accuracy.</p>		

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	<p>intake on the following days:</p> <p>On 1/4/22, the resident received 720 ml of fluids. On 1/8/22, the resident received 720 ml of fluids. On 1/10/22, the resident received 720 ml of fluids. On 1/11/22, the resident received 480 ml of fluids. On 1/12/22, the resident received 960 ml of fluids. On 1/13/22, the resident received 840 ml of fluids. On 1/14/22, the resident received 480 ml of fluids. On 1/16/22 and 1/15/22, the resident received 840 ml of fluids. On 1/18/22 and 1/17/22, the resident received 480 ml of fluids. On 1/19/22, the resident received 180 ml of fluids. On 1/20/22, the resident received 0.0 ml of fluids.</p> <p>The MARs, dated January 2022, indicated the resident received Lasix 40 mg twice a day every day from 1/1/22 through 1/19/22 and one dose on 1/20/22.</p> <p>On 11/30/22 at 1:50 p.m. the DON provided a Weights and Vitals Summary for Resident B. The resident's weight was as followed:</p> <p>On 11/8/21, the resident weighed 154 pounds. On 12/20/21, the resident weighed 143 pounds. On 12/29/21, the resident weighed 138 pounds. On 1/11/22, the resident weighed 131 pounds.</p> <p>A Progress Note, dated 12/2/21 at 10:09 a.m., indicated the resident's UA (urinalysis) and CXR (x-ray) results were received. The UA showed no growth in 48 hours. The CXR showed no acute cardiopulmonary disease seen. The physician was notified of results.</p> <p>A Care Plan, dated 12/3/21, indicated the resident had an alteration in neurological status related to dementia. The interventions included, but were</p>						

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	<p>not limited to: Give medications as ordered. Monitor/document for side effects and effectiveness. Monitor intake to assure an adequate fluid intake to prevent dehydration. Monitor/document/report to physician as needed signs/symptoms, or any changes in level of consciousness.</p> <p>A Care Plan, dated 12/3/21, indicated the resident had an ADL Self Care Performance Deficit related to confusion and dementia. The interventions included, but were not limited to; monitor/document/report to physician as needed any changes or declines in function.</p> <p>A Care Plan, dated 12/14/21, indicated the resident was anticipated to have weight loss related to dementia, edema, refusing meals, snacks, and fluids. The intervention included, but were not limited to, house supplement with meals, Remeron 7.5 mg at bedtime. Staff were to monitor and record food intake at each meal.</p> <p>A Care Plan, dated 12/14/21, indicated the resident has nutritional problem or potential nutritional problem related to Dementia. The interventions included, but were not limited to: Provide and serve diet as ordered. Provide and serve supplements as ordered. Staff were to monitor the resident's intake and record every meal. The Registered Dietitian (RD) was to evaluate and make diet change recommendations as needed.</p> <p>A Progress Note, dated 12/15/21 at 8:34 p.m., indicated the resident had not been eating her meals and she looked lethargic. The resident's vital signs were as followed: Blood Pressure (BP) 107/64, Pulse (P) 80, Temperature 97.8, Respirations 15, and Oxygen Saturation 95% (percent). She took her five o'clock medications</p>						

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	<p>but would not take her seven o'clock medications. When the nurse said her name, she had opened her eyes and nodded her head. When she was asked if she was okay. She closed her eyes and went back to sleep. Staff will continue to monitor.</p> <p>A Progress Note, dated 12/26/21 at 3:21 p.m., indicated the physician was notified the resident was lethargic, and not eating or taking fluids well. The physician ordered for lab work and urinalysis received and noted.</p> <p>On 11/29/22 at 3:04 p.m., a Lab Report for Resident B was provided by the DON. The report, dated 12/26/21, indicated the resident's blood sugar level (Glucose) was high at 196; BUN (blood urea nitrogen) was high at 33 (an elevated BUN can be due to dehydration, urinary tract obstruction, or congestive heart failure); and Creatinine was high at 1.39. The resident did not have a history of high blood sugar levels.</p> <p>A Progress Note, dated 12/29/21 at 9:21 a.m., indicated the resident's weight was down 5.0 pounds in one week. Resident refusing meals and snacks. Resident refused 21 Meals in 28 Days.</p> <p>A Progress Note, dated 1/20/22 at 11:19 a.m. indicate, The resident's still refused some meals but not as bad as it had been. Will continue weekly weights and to follow weekly.</p> <p>A Progress Note, dated 1/20/22 at 1:27 p.m., indicated the nurse was called to the unit to assist with Resident B. The resident was noted to be in bed with a 102.4 fever, her heart rate was thready with a pulse between 114-118, her respirations were 43 and fast pace, her blood pressure was 84/43, her oxygen saturation was 67 % on room air. Oxygen was applied, and her saturation</p>						

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	<p>remained low at 72 % on 2 liter. The physician was called, and new orders were received to send to the emergency room.</p> <p>An Emergency Room Report, dated 1/20/22, indicated the resident was admitted with urosepsis and severe dehydration.</p> <p>A hospital Death Summary, dated 1/25/22, indicated the resident was admitted on 1/20/22 secondary to urinary tract infection, septic shock requiring pressor support, acute renal failure, acute respiratory failure, and pneumonia. The patient worsened on 1/21/21. Became unresponsive on 1/22/22. The patient passed on 1/25/22.</p> <p>During an interview on 11/29/22 at 10:51 a.m., LPN (Licensed Practical Nurse) 2 indicated if a resident was declining, she would call the POA, talk with the DON, and the physician. She would attempt to get the resident to eat and drink; she would provide oral care. To monitor for dehydration, she would look for signs and symptoms such as: dry mouth, tenting skin, dry lips and eyes, and dark urine.</p> <p>During an interview on 11/30/22 at 12:58 p.m., LPN 6 indicated if a resident refused to drink fluids she would offer an alternative liquid, monitor vitals, assess by look for signs and symptoms of dehydration. If they continued to refuse fluids, she would continue to monitor, and she would contact the physician.</p> <p>During an interview on 11/30/22 at 1:07 p.m., LPN 7 indicated if a resident was refusing to drink, she would encourage them to drink, and then notify the Administrator, DON, and physician.</p>						

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	<p>During an interview on 11/30/22 at 1:50 p.m., the DON indicated she could not locate any other vitals for Resident B of her blood pressure or pulse from 11/30/21 to 1/20/22 (except for the progress note, dated 12/15/21). At 2:55 p.m., the DON indicated Resident B's hydration report was her total intake to include all fluids from meals, medication pass, and through out the day.</p> <p>During an interview on 11/30/22 at 3:01 p.m., the Registered Dietitian indicated if a resident did not have an order for fluid restriction, did not have an order for fluid intake, and was not care planned for fluids the general rule would be to take the resident's weight divide by 2.2 and then multiply by 30 ml and that would tell you the amount of fluids they should consume per day.</p> <p>The current facility policy titled "Weight/Hydration Management" and dated November 2014, was provided by the Interim Administrator on 11/30/22 at 1:04 p.m. The Policy indicated, " ...Resident's nutritional status will be monitored on a regular basis ...Nutritional status, including weight, is influenced by calories, protein, and fluid ...Clarification ...Parameters of nutritional status: Refers to factors (e.g., weight, food/fluid intake, and pertinent laboratory values) that reflect the resident's nutritional status ...Sufficient fluid: the amount of fluid needed to prevent dehydration ... A general guideline for determining baseline daily fluids needs is to multiply the resident's body in kg (kilograms) times 30 ml (2.2 lbs = 1 kg) ..."</p> <p>The current facility policy titled "Notification of Change" and dated 10/2014, was provided by the DON on 11/30/22 at 4:55 p.m. The Policy indicated, " ...Purpose: to keep ...physician aware of changes which directly affect the care and welfare of the</p>						

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F 0692 SS=E Bldg. 00	<p>resident ...Policy: Facility personnel shall immediately ...consult with resident's physician; ... a significant change in the resident's physical ...status, (i.e., a deterioration in health ...life threatening condition) ..."</p> <p>This Federal tag relates to Complaints IN00391313.</p> <p>3.1-37</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review, the facility failed to maintain acceptable parameters of nutritional fluid status for 3 of 4 residents reviewed for hydration. (Residents C, D, and E)</p> <p>Findings include:</p>			F 0692	<p>The facility maintains acceptable parameters and provides needed care and service to prevent dehydration and maintain acceptable parameters of nutritional status</p>		01/20/2023

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	<p>1. The clinical record for Resident C was reviewed on 11/28/22 at 3:08 p.m. The resident's diagnoses included, but were not limited to, covid-19, Huntington's, a history of traumatic brain injury, and dementia with behavior.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 9/23/22, indicated the residents cognition was intact. He required the extensive assistance of two staff members for mobility, and extensive assistance of one staff member for transfer and ADLs (Activities of Daily Living).</p> <p>A Hydration Report for Resident C was provided on 11/29/22 at 12:12 p.m. by the MDS Nurse. The Report indicated the following total fluid intake per day:</p> <p>On 11/18/22, the resident's total fluid intake was 480 ml (milliliters).</p> <p>On 11/17/22, the resident's total fluid intake was 600 ml.</p> <p>On 11/10/22 and 11/9/22, the resident's total fluid intake was 680 ml.</p> <p>On 11/7/22, the resident's total fluid intake was 600 ml.</p> <p>On 11/6/22 and 11/5/22, the resident's total fluid intake was 200 ml.</p> <p>On 11/4/22 Resident C's weight was 134 pounds. (Daily fluid requirement based on weight $134 / 2.2 \times 30 = 1827.27$ ml)</p> <p>A Care Plan, dated 10/12/20, indicated the resident had functional bladder incontinence and interventions included, but were not limited to, monitor fluid intake for natural diuretics.</p> <p>A Care Plan, dated 10/12/20, indicated the resident</p>				<p>All residents with underlying conditions have the potential to be affected by this finding.</p> <p>An audit of the current population, including Resident C,D, and E has been conducted in effort of identifying any and all residents that could be affected by this finding. Any concerns were addressed. No negative outcome has occurred due to the alleged deficit practice</p> <p>The current weight/nutrition policy has been reviewed an updated according to current needs.</p> <p>An in-service was conducted to alert staff of the additional efforts in providing and monitoring Hydration and acceptable weight parameters. Physician and Rd will be alerted for impute According to policy as any concerns are noted. The hydration cart is sent out three times a day in addition to meal service. CNAs are required to document intake of fluids three times a day at meals. In addition, documentation of fluids offered and accepted during the hydration cart pass.</p> <p>Residents at risk for weight loss are reviewed weekly at the facilities Nutrition at risk meeting. Physician notification, Dehydration risk and weight loss will become part of the CQI agenda as part of the QAPI process</p> <p>This audit will be completed 5 days per week x 4 weeks: Weekly x 4 and monthly thereafter.</p>		

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	<p>had a diagnoses of paranoid Schizophrenia, psychosis, psychological and behavioral factors affecting moods, dementia, Huntington's disease and interventions included, but were not limited to, encourage fluids as diet will allow.</p> <p>A Care Plan, dated 10/12/20, indicated the resident had an alteration in neurological status and the interventions included, but were not limited to, monitor intake to assure an adequate fluid intake to prevent dehydration.</p> <p>2. The clinical record for Resident D was reviewed on 11/28/22 at 3:08 p.m. The resident's diagnoses included, but were not limited to, Huntington's, chorea, antisocial personality disorder, anxiety, psychosis, dementia with behavior, dysphagia, weakness, difficulty walking, sleep disorders, pseudobulbar affect</p> <p>A Significant Change MDS assessment, dated 11/2/22, indicated the resident's cognition was severely impaired. He required extensive assistance of two staff members for mobility, transfer, and ADLs.</p> <p>A Hydration Report for Resident D was provided on 11/29/22 at 12:12 p.m. by the MDS Nurse. The Report indicated the following total fluid intake per day:</p> <p>On 11/26/22, the resident's total fluid intake was 0 (zero).</p> <p>On 11/25/22, the resident's total fluid intake was 480 ml.</p> <p>On 11/24/22, the resident's total fluid intake was 680 ml.</p> <p>On 11/4/22 Resident D's weight was 144 pounds. (Daily fluid requirement based on weight 144 / 2.2</p>				Any concerns will be addressed as discovered. If any patterns are identified at the monthly QAPI meeting, an action plan will be written by the QAPI committee. Any written action plan will be monitored by the Administrator or her designee monthly until resolved and substantial compliance is achieved at 95% or greater accuracy		

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	<p>x 30 = 1963.63)</p> <p>A Care Plan, dated 11/14/22, indicated the resident had impairment to skin and the interventions included, but were not limited to, encourage good nutrition and hydration in order to promote healthier skin.</p> <p>3. The clinical record for Resident E was reviewed on 11/28/22 at 2:47 p.m. The resident's diagnoses included, but were not limited to, Huntington's, drug abuse, depression, constipation, and anxiety.</p> <p>A Quarterly MDS assessment, dated 1/25/22, indicated the resident was cognitively intact. He required staffs' supervision for mobility, transfer, and ADLs.</p> <p>A Hydration Report for Resident E was provided on 11/29/22 at 12:12 p.m. by the MDS Nurse. The Report indicated the following total fluid intake per day:</p> <p>On 11/27/22, the resident's total fluid intake was 960 ml.</p> <p>On 11/23/22, the resident's total fluid intake was 480 ml.</p> <p>On 11/15/22, the resident's total fluid intake was 440 ml.</p> <p>On 11/18/22 Resident E's weight was 243 pounds. (Daily fluid requirement based on weight 243 / 2.2 x 30 = 3313.63 ml)</p> <p>A Care Plan, dated 5/20/20, indicated the resident was at risk of constipation. The interventions included, but were not limited to, Provide fluids according to schedule, with med passes, with meals, and PRN.</p>						

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	<p>During an anonymous interview from 11/28/22 to 11/30/22, Staff 8 indicated she sometimes passed water and sometimes she did not. She just notice they brought out a hydration cart at 10:00 a.m. This was the first time she had seen the hydration cart at that time.</p> <p>During an anonymous interview from 11/28/22 to 11/30/22, Staff 9 indicated the hydration cart just started. Prior to today she had not seen the hydration cart used.</p> <p>During an interview on 11/30/22 at 3:01 p.m., the Registered Dietitian indicated if a resident did not have an order for fluid restriction, the general rule would be to take the resident's weight divide by 2.2 and then multiply by 30 ml. The weight divided by 2.2 and multiplied by 30 ml would tell you the amount of fluids a resident should consume per day.</p> <p>The current facility policy titled "Weight/Hydration Management" and dated November 2014, was provided by the Interim Administrator on 11/30/22 at 1:04 p.m. The Policy indicated, " ...Resident's nutritional status will be monitored on a regular basis ...Nutritional status, including weight, is influenced by calories, protein, and fluid ...Clarification ...Parameters of nutritional status: Refers to factors (e.g., weight, food/fluid intake, and pertinent laboratory values) that reflect the resident's nutritional status ...Sufficient fluid: the amount of fluid needed to prevent dehydration ...A general guideline for determining baseline daily fluids needs is to multiply the resident's body in kg (kilograms) times 30 ml (milliliters) (2.2 lbs = 1 kg) ..."</p> <p>This Federal tag relates to Complaints IN00391313.</p>						

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F 0838 SS=F Bldg. 00	<p>3.1-46(2)(b)</p> <p>483.70(e)(1)-(3) Facility Assessment §483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:</p> <p>§483.70(e)(1) The facility's resident population, including, but not limited to, (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.</p>						

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	<p>§483.70(e)(2) The facility's resources, including but not limited to,</p> <ul style="list-style-type: none"> (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. <p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.</p> <p>Based on interview and record review, the facility failed to complete the facility assessment to determine staffing levels and competencies required to provide the necessary care and services to meet each resident's needs. This had the potential to affect 79 of 79 residents.</p> <p>Findings include:</p> <p>During a record review on 11/28/22 at 12:55 p.m., the Facility Assessment dated 5/1/22 was not complete. There was no nursing staff information included.</p>			F 0838	<p>The facility conducts and documents a facility wide assessment that determines what resources are necessary in care of its residents during both day-to-day operations and emergencies.</p> <p>All residents have the possibility to be affected by this alleged finding.</p> <p>The facility wide assessment was completed</p> <p>Any concerns were addressed.</p> <p>No negative outcome has occurred</p>		01/20/2023

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F 0921 SS=F Bldg. 00	<p>During an interview on 11/28/22 at 1:00 p.m., the Administrator indicated she was not in building on 5/1/22 and did not know why the nursing staff portion was blank.</p> <p>The Nursing Department Staffing sheet was provided by the Business Office Manager on 11/28/22 at 1:02 p.m. The sheet indicated there were six nurses and 13 CNAs scheduled for the day.</p> <p>During an interview and record review on 11/28/22 at 1:11 p.m., the MDS (Minimum Data Set) Nurse indicated she did not have a facility assessment for 2021 or 2020. She had a facility assessment from 1/3/19, which was provided and reviewed at that time. The assessment indicated there should be 13 nurses and 23 CNAs (Certified Nursing Assistants).</p> <p>The current facility policy titled " Facility Assessment" and dated 1/3/19, was provided by the MDS nurse on 11/28/22 at 1:11 p.m. The Policy indicated, " ...Intent: To determine resources necessary to care for the residents competently during both day-to-day operations and in emergencies ..."</p> <p>This Federal tag relates to Complaints IN00394773.</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to provide a safe, functional, and sanitary environment due to standing water from the washing machines when draining. This had the</p>			F 0921	<p>due to the alleged deficit practice. An in-service was conducted to alert staff who are responsible for the completion of this assessment timely to ensure resources according to resident needs are achieved and maintained. Assuring this practice is completed, current, and accurate will be the responsibility of the administrator and or her designee. In addition, this will become part of the CQI agenda as part of the QAPI process This audit will be completed 1x r week x 4 weeks; Weekly x 4 and monthly thereafter. Any concerns will be addressed as discovered. If any patterns are identified at the monthly QAPI meeting, an action plan will be written by the QAPI committee. Any written action plan will be monitored by the Administrator or her designee monthly until resolved and substantial compliance is achieved at 95% or greater accuracy</p> <p>The facility staff strive to ensure that its residents are provided with a safe, functional, home-like environment.</p>		01/20/2023

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	<p>potential to affect 79 of 79 residents.</p> <p>Findings include:</p> <p>During an observation of the laundry room on 11/28/22 at 12:36 p.m., both washing machines were in the draining process. The first machine started to drain a minute before the second machine started to drain. The water filled the drain box to the top. There was standing water between the two machines from prior cycles. The water had dark substances and particles. There was no screen in the drain hole and a large area of approximately 10 foot by 10 foot that had no tiles on the floor in front of the two washing machines.</p> <p>An interview on 11/28/22 at 12:36 p.m., with the Housekeeping Supervisor, she indicated if both washing machines drained at the same time, the drain could not keep up, and it overflows onto the floor. The maintenance man had placed a piece of plexiglass between the drain box and the wall to stop the water from going under the wall into the maintenance room next door.</p> <p>The current facility policy titled " Preventative Maintenance/Environmental Services" and not dated, was provided by the Interim Administrator on 11/30/22 at 1:04 p.m. The Policy indicated, " ...a. Environmental Services department ...developed a quality control program that provides a safe, functional, sanitary, and comfortable environment for residents, staff, and the public in accordance with regulations ...f. The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents ...(3) all plumbing shall function properly ..."</p>				<p>No residents were affected by this finding.</p> <p>1) A screen will be added to the drain</p> <p>2) Housekeeping Laundry Staff have been educated on offsetting the washer start up to avoid both washers draining at the same time in effort to stop overflow. Housekeeping staff will also monitor drain while performing laundry duties.</p> <p>3) The Maintenance Director or his designee will clean the drain by 1/1/23.</p> <p>4) The Maintenance Director or his designee will replace the missing floor tile on or by 1/20/23.</p> <p>The laundry washer drain has been added to the daily mechanical check list for 5 days a week X 4 weeks and 1 X weekly for 6 months. This will include observing for standing water and checking to be sure that multiple washers were not started at the same time. An audit tool will be used to monitor performance and any issues will be reported to the Administrator. Laundry staff will observe daily for any occurrence of standing water and/or washing machines draining</p>		

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	This Federal tag relates to Complaints IN00394773. 3.1-19(bb)				<p>simultaneously. Negative findings will be reported to the Maintenance Director or Administrator. An audit tool will be used to help monitor compliance.</p> <p>Ongoing compliance will be reported to and monitored in QAPI x 6 months. If, at 6 months' time, 100% compliance has not been achieved for the prior 2 months, monitoring will continue until a 2-month, consecutive period of 100% compliance has been achieved.</p>		